

AIDS Case Management Program (CMP)

**Fiscal Years
2007-2008, 2008-2009, and 2009-2010
Budget Instructions**

**CALIFORNIA DEPARTMENT OF HEALTH SERVICES
OFFICE OF AIDS
Community Based Care Section**



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Introduction

Overview

These instructions are for the next AIDS Case Management Program (CMP) contract cycle: fiscal years 2007-2008, 2008-2009, and 2009-2010. The State's fiscal year begins July 1 and ends June 30.

Funding allocations are made according to a formula and budgets are developed based on serving a range of clients.

The CMP uses a five line-item budget model: personnel costs, operating expenses, capital expenditures, other costs, and indirect costs. A Budget Justification Narrative (BJN) must be submitted to support the budget. **Three (3) budgets and three (3) BJNs must be submitted – one for each of the fiscal years.**

All budgets are subject to approval by the Office of AIDS (OA), Community Based Care Section (CBC) Health Program Advisors (HPA). Please consult your assigned HPA for questions about these instructions, supporting documentation, or the budget development process.

Detailed information about program requirements and operations can be found in the CBC's Program Operations Manual (POM). The POM is available on the OA Website at <http://www.dhs.ca.gov/AIDS/>. Click on the "For Providers and Contractors" link.

After the budgets are approved and a contract is fully executed, the budget is monitored by your HPA.

Budget and Contract Schedule

February 15, 2007	Award letters and budget instructions are sent to Project Directors.
February 2007 thru mid-March 2007	Contractors develop budgets.
March 23, 2007	Completed budget packages are due to OA/CBC.
Mid-March 2007 to mid-April 2007	HPAs review and approve budget packages.
Mid-April to mid-June 2007	CBC internal processing of budgets and contract packages.
Mid-June 2007	Contract packages are sent to Contractors for signature and full execution.

Allowable/Unallowable Services and Other Expenses and Decision Tree

CBC has created a list of allowable and unallowable services and items. Please refer to this chart to verify if a service or item can be paid for with CMP funds. If you cannot find the item you are looking for, a decision tree has been developed to assist in determining whether or not a service or item may be purchased with CMP funds. Please see the Resource Documents section, Chapter 3.D of the POM, at the end of these instructions. If you have questions, consult your HPA.

Direct Care Service Rates

For a schedule of maximum allowable reimbursement rates for direct care services please see the Resource Documents section, Chapter 3.H of the POM, at the end of these instructions. These rates may be augmented with other funding sources. Projects must thoroughly document the reason(s) for augmenting rates. Augmentation of CMP service rates will not be allowed for CMPs with Direct Care Service Exemptions. For further information on augmenting CMP rates please see the Resource Documents section, Chapter 3.C of the POM, at the end of these instructions.

Exemptions

Projects may submit a written request to OA for a temporary suspension of, or modification to, program requirements or contract language. These exemptions are required for:

- Staff-to-client ratios
- Staff qualifications
- Direct care services

For instructions on requesting exemptions and blank exemption request forms please see the Resource Documents section, Chapter 3.C of the POM, at the end of these instructions. Exemptions must be approved in writing by OA/CBC.

If, during the previous contract cycle, an exemption was approved in one of the above areas, a renewal request is required to continue the exemption during the new contract term. Although you must submit a renewal request form, no new documentation is required for staff-to-client ratio and staff qualification renewal exemption requests.

For information on subcontracting for Project Directors, Nurse Case Managers and/or Social Work Case Managers, and use of alternative staff, please see the Resource Documents section, Chapter 3.C of the POM, at the end of these instructions or contact your assigned HPA.

Budget packages must be submitted **no later than March 23, 2007** via regular U.S. Mail or via Overnight Delivery to one of the addresses on the next page:

Via Regular U.S. Mail	Via Overnight Delivery
Ms. Julie Brozek Program Analyst California Department of Health Services Office of AIDS Community Based Care Section MS 7700 P.O. Box 997426 Sacramento, CA 95899-7426	Ms. Julie Brozek Program Analyst California Department of Health Services Office of AIDS Community Based Care Section MS 7700 1616 Capitol Avenue, Suite 616 Sacramento, CA 95814

SECTION 1

Definition of Terms

Please refer to the following definitions when preparing your budgets.

Administrative Costs

Administrative costs are those expenses directly related to the administration of the CMP contract, rather than to client services.

The Health Resources Services Administration's (HRSA) regulations limit the amount of Ryan White CARE Act funds spent on administration by first line entities (such as CMP projects) to 10% of the total grant. To meet OA's HRSA reporting requirements, the CBC Section requires each project to specify how much of its individual allocation is spent on administration. CBC Section staff will determine the overall percentage for each project based on the percentage of personnel costs allocated to administration as determined by each Project Director.

Salaries may be strictly administrative, strictly client service related, or may be a mix of administrative costs and client service costs depending on the duties of each individual position. Some positions will reflect both if these staff have any direct contact with clients.

The following table lists examples of administrative and client service related tasks that staff may perform. Please keep in mind that this list is not all inclusive. Your staff may perform tasks not included on the list. If so, you must determine if the task is administrative or client related in nature.

Administrative Costs (contd.)

	Administrative Tasks	Client Service Related Tasks
Project Director	<ul style="list-style-type: none"> ♦ Supervision ♦ Budgeting ♦ Development of funding applications ♦ Program administration ♦ Receipt and disbursement of program funds ♦ Preparation of program and financial reports ♦ Contract administration ♦ Monitoring of <i>subcontractors</i> ♦ Managing QI/QM activities 	<ul style="list-style-type: none"> ♦ Direct client contact ♦ Making client referrals ♦ Participating in team conferences ♦ Conducting client satisfaction surveys ♦ Providing technical assistance to <i>subcontractors</i> ♦ Leading staff training ♦ Time spent case managing (permanent or temporary) ♦ Policy development
Nurse Case Manager	<ul style="list-style-type: none"> ♦ Supervision ♦ Data collection/reporting ♦ Time keeping ♦ Personnel work 	<ul style="list-style-type: none"> ♦ Direct client contact ♦ Making client referrals ♦ Participating in team conferences ♦ Leading staff training
Social Work Case Manager	<ul style="list-style-type: none"> ♦ Supervision ♦ Data collection/reporting ♦ Time keeping ♦ Personnel work 	<ul style="list-style-type: none"> ♦ Direct client contact ♦ Making client referrals ♦ Participating in team conferences ♦ Leading staff training
Benefits Counselor	<ul style="list-style-type: none"> ♦ Filing ♦ Data entry ♦ Supervising volunteers ♦ Invoice processing 	<ul style="list-style-type: none"> ♦ Direct client contact ♦ Referral paperwork ♦ Participating in team conferences
Case Aide	<ul style="list-style-type: none"> ♦ Filing ♦ Data entry ♦ Supervising volunteers ♦ Invoice processing 	<ul style="list-style-type: none"> ♦ Direct client contact ♦ Referral paperwork ♦ Participating in team conferences
Administrative Assistant	<ul style="list-style-type: none"> ♦ Filing ♦ Data entry ♦ Clerical support ♦ Program administration ♦ Personnel administration ♦ Invoice processing 	<ul style="list-style-type: none"> ♦ Direct client contact
Data Entry Clerk	<ul style="list-style-type: none"> ♦ Data entry 	
Secretary	<ul style="list-style-type: none"> ♦ Clerical support ♦ Data entry ♦ Invoice processing 	<ul style="list-style-type: none"> ♦ Direct client contact

Capital Expenditures

Capital expenditures include furniture and equipment with a unit cost of \$5000 or more and a useful life expectancy of one year or more. Furniture and equipment must be solely for CMP use or the cost must be apportioned on a percentage-of-use basis. All capital expenditures must be approved by your HPA prior to making the purchase.

Exemptions

A written request from a Contractor, approved in writing by OA, for a temporary suspension or modification to program requirements or contract language.

Exemptions (cont'd.)

An exemption may be requested for:

- Staff-to-client ratios
- Staff qualifications
- Direct care services

Exemptions must have prior approval by OA. Contractors should not make a hiring commitment or begin using the alternative standard until written approval is received from OA.

Full-Time Equivalent

A Full-Time Equivalent (FTE) is a position regularly working 35-40 hours or more per week. The actual amount of staff percentages needed to equal 1.0 FTE may vary from Contractor to Contractor. An FTE may be comprised of one or more persons whose schedules are sporadic or vary from week to week, or even month to month (e.g., alternate work weeks), as long as the combined percentages total the appropriate FTE levels.

An exempt employee (salaried) may work more than 40 hours per week, but can only be compensated for a maximum of 40 hours per week under our contracts.

Health Program Advisor

The Health Program Advisor (HPA) is the OA/CBC staff person assigned to a CMP Contractor as the primary contract monitor and key contact person. The HPA provides technical assistance to assure that the Contractor carries out the requirements of the agreement between OA and the Contractor. The HPA is also a liaison between OA and other state programs as necessary. HPAs conduct program compliance reviews, develop and evaluate programs, negotiate budgets and track program expenditures, evaluate and approve exemption requests, research and respond to various program issues, and assist in developing policies and procedures.

Indirect Costs

Indirect costs are those general expenses of an agency that typically benefit more than one program and cannot easily be assigned to any one program. Indirect costs must be allocated among all agency programs according to an equitable and practical benefit measure, and in accordance with applicable cost principles and the legislative limit on administrative costs. It is up to each Contractor to make a policy decision concerning which costs to allocate on an indirect basis. In the five line-item budget for the CMP, "Indirect Costs" cannot exceed 10% of the total amount budgeted in the "Personnel Costs" line item (total salaries, wages, and fringe benefits).

Indirect costs are different from operating expenses (see definition) in that they are not routine day-to-day expenses that clearly benefit the CMP. An expense cannot be listed in the budget as both an indirect cost and as an operating expense. If the expense cannot be clearly assigned to CMP, it is an indirect cost. If it is a routine day-to-day expense that clearly benefits CMP, it is an operating expense.

Indirect costs include, but are not limited to:

- ◆ Licensing fees
- ◆ Custodial services
- ◆ Grounds maintenance services
- ◆ Costs imposed by the organization for staffing expenses which are not included in the "Personnel Costs" line item. (For example, a charge to cover the program's portion of the agency's administrative, fiscal, legal, or human resources staff.)
- ◆ Security guard services
- ◆ Insurance
- ◆ Facility operations
- ◆ General storage costs
- ◆ Audit costs

Key Case Management Staff

Key case management staff are: Project Director, Nurse Case Manager(s) and Social Work Case Manager(s).

Nurse Case Manager

The Nurse Case Manager (NCM) is a Registered Nurse (RN) licensed by the State of California who has two years experience as a RN, with at least one year in community nursing. It is desirable, but not mandatory, that the NCM has obtained a Bachelor of Science degree in Nursing, and/or has a Public Health Nurse certificate. The NCM is responsible for coordinating the functions of case management in conjunction with the Social Work Case Manager.

Operating Expenses

Operating expenses are routine day-to-day expenses that are assigned to support CMP activities; supplies, services, and equipment, etc., with a unit cost of less than \$5000. Only the percentage assigned to the CMP can be billed. For information on allowable and unallowable expenses please see the Resource Documents section, Chapter 3.D of the POM, at the end of these instructions.

OA will allow CMP providers to purchase one (1) computer per staff with a maximum spending limit of \$5,000 from their "Operating Expenses" every three-year contract cycle. CMP providers may also include \$2,400 a year in "Operating Expenses" for DSL, cable, or a satellite connection for high speed Internet access. Before purchasing computer equipment, CMP providers must solicit a bid from their selected vendor and submit the bid and supporting documentation to their HPA for approval.

If you are including the purchase of computer equipment in your CMP budget, submit the vendor bid with the specifications of the computer hardware and software, including encryption software, that you intend to purchase. If you are unsure of the specifications needed to run your CMP application, ARIES, contact Elizabeth Brannon-Patel, Research Scientist I (RSI), of the OA at (916) 449-5846 for assistance.

All equipment, including computers and mobile devices, becomes the property of the State and is subject to return to the State upon termination of the contract. Such equipment cannot be used as a trade-in and disposal requires State approval.

Operating Expenses (cont'd.) Operating expenses are different from indirect costs (see definition) in that they can easily be assigned to a particular program and are routine day-to-day expenses that clearly benefit the CMP.

Operating expenses include, but are not limited to:

- ◆ Office supplies (paper, pens, pencils, folders, etc.)
- ◆ Audit costs (if separate from total agency audit)
- ◆ Insurance
- ◆ Rent
- ◆ Printing/reproduction costs
- ◆ Communications (postage, faxing, telephones)
- ◆ Utilities
- ◆ Mileage and travel costs
- ◆ Advertising
- ◆ Interpreter fees
- ◆ Training
- ◆ Computer software
- ◆ Equipment and furniture (with a value of \$5000 or less per unit)

Other Costs

Other costs generally include, but are not limited to, subcontracted direct care client services, subcontracted consultant services directly related to the CMP, and subcontracts for key case management staff (such as a Nurse Case Manager or Social Work Case Manager). When including subcontracted staff in the "Other Costs" line item, be sure to budget for the entire cost of the subcontract, including benefits and indirect costs. For information on allowable and unallowable expenses please see the Resource Documents section, Chapter 3.D of the POM, at the end of these instructions.

Typical direct care client services are:

- ◆ In-home skilled nursing
- ◆ In-home attendant care
- ◆ Homemaker services
- ◆ Hospice care
- ◆ IV therapy
- ◆ Housing subsidies
- ◆ Food subsidies
- ◆ Home delivered meals
- ◆ Nutritional counseling

Other Costs (cont'd)

- ◆ Nutritional supplements
- ◆ Psychotherapy
- ◆ Durable medical equipment
- ◆ Non-emergency medical transportation
- ◆ Minor physical adaptations to the home

Check with your HPA if you are unsure if an item, i.e., drugs/medications, microwaves/refrigerators, is allowable.

Program Operations Manual

The Program Operations Manual (POM) discusses the operating functions of the CMP/MCWP and program requirements. The POM is available on the OA Website at: <http://www.dhs.ca.gov/AIDS>. Click on the “For Providers and Contractors” link.

Project Director

The Project Director (PD) is the individual designated by the Contractor to provide oversight to all AIDS CMP/MCWP contract activities. The PD has the overall responsibility for assuring compliance with the term of the contract(s) and serves as the primary representative of the Contractor.

Educational and experience requirements are at least a Master's Degree in a health related field plus one (1) year management experience, OR a Bachelor's of Arts or Science and at least three (3) years of experience in a management position in the health care field. Knowledge of the nurse case management model of home and community based care is desirable. Other experience may be substituted for educational requirements with written approval by OA.

Approval by the OA is required for the individual hired into the PD position; contractors must request approval from OA in writing. It is preferable that approval from OA be in place prior to employment of all Project Directors.

Psychotherapist

The Psychotherapist is (1) an individual licensed by the State of California as a Licensed Clinical Social Worker (LCSW) or a Clinical Psychologist; an individual licensed as a Marriage and Family Therapist (MFT); or a nurse with a Master's Degree designated as a Psychiatric and Mental Health Clinical Nurse Specialist or a Psychiatric and Mental Health Nurse Practitioner; or (2) an individual with a Master's Degree in Social Work (MSW) who is license eligible (registered as an Associate Clinical Social Worker (ACSW) with the State of California Board of Behavioral Sciences Examiners; or an individual with a Master's Degree in Clinical Psychology or Counseling Psychology who is license eligible (registered with the Board of Behavioral Sciences Examiners). For those individuals in category (2), supervision must be provided by an appropriately licensed individual as approved by the Board of Behavioral Sciences Examiners.

The Psychotherapist may provide ongoing therapy to clients with regard to the psychological adjustment to living with HIV/AIDS. The Psychotherapist may also provide therapy to caregivers of clients with end-stage AIDS. This service may be provided with or without the client present. Services may also include information and referral, as well as group and family therapy with the client.

The Psychotherapist is not a part of the core case management team, and does not perform any case management activities under the CMP or MCWP. An Exemption to Provide Direct Care Services must be obtained if psychotherapy will be provided directly by the CMP agency.

Range of Clients

There are two "ranges" of clients. The first is the staff-to-client ratio: for CMP one (1) FTE NCM and one (1) FTE SWCM can serve 30-45 clients. The second is the maximum range of clients you must stay within to serve a specific number of clients based on the annual CMP funding stated in your award letter.

Range of Clients (cont'd)

Under the "Personnel Costs" line item of your budgets, you must identify the percentage of time your staff will spend on CMP activities. You should identify how many clients will be served by the case managers based on the percentage of time available. Each case manager's time must be calculated to stay within the staff-to-client ratio as stated above.

Next, you must ensure that the total number of clients to be served falls within the range of clients you were allocated to serve. If there is a difference in the ranges after completing the "Personnel Costs" portion of the budget, you may only serve the number of clients that fall into **BOTH** ranges (the portions that overlap).

Please see Appendix 1 attached to this document for examples of how the two ranges must be used in relation to each other. For example, if your allocated range is 20-35, your individualized range must fall within that range. See Appendix 3 to develop your individual range.

Social Work Case Manager

The Social Work Case Manager (SWCM) is an individual licensed by the State of California as an LCSW, MFT, or Psychologist; an individual who has a Masters Degree in Social Work, Counseling, or Psychology; or an individual with similar qualifications approved by OA. The SWCM manager serves as a member of the core case management team and provides case management services. The SWCM does not perform the functions of the Psychotherapist.

Staff-to-Client Ratios

Contractors must comply with program defined staff-to-client ratios when budgeting staff time for the CMP. The standard requires that a NCM and SWCM share case management functions. One (1) FTE NCM and one (1) FTE SWCM must serve a range of clients between 30 and 45; these clients may be duplicative between the NCM and SWCM. The NCM and SWCM may have different numbers of clients, as long as each FTE case manager's client caseload falls within the range. Every client must be assigned a NCM and a SWCM. See Appendix 2 on Page 24 of these instructions for the Staffing Standards Table.

Staff-to-Client Ratios (cont'd) Contractors who wish to deviate from the defined staff-to-client ratios must request an exemption from the standards. An exemption must have prior written approval by the OA. Please see the Resource Documents section, Chapter 3.C of the POM, at the end of these instructions.

Subcontract A subcontract is an agreement entered into by the Contractor with any provider who agrees to furnish services or items to clients or agrees to perform any administrative or service function to fulfill the contractor's obligation to the Department under the terms of the agreement.

SECTION 2

General Instructions

Before submitting your budget package to OA, verify that:

- 1) The budget package includes one copy of the following items in this order:
 - ☐ Budget Transmittal Form and Checklist*
 - ☐ Five Line-Item Budget and Budget Justification Narrative (BJN) – FY 2007-2008
 - ☐ Five Line-Item Budget and BJN – FY 2008-2009
 - ☐ Five Line-Item Budget and BJN – FY 2009-2010
 - ☐ Total Funding for Client Services form*
 - ☐ Notification of Type of Audit form*
 - ☐ Agency Information Sheet*
 - ☐ Payee Data Record (Std. 204)
 - ☐ Exemption Requests, if applicable**
 - ☐ Proof of Insurance:
 - Community Based Organizations: a copy of a current *Certificate of Insurance*
 - Counties: a copy of a *Letter of Self Insurance*
- 2) All documents that require a signature have original signatures. Please sign all forms with any ink color other than black.
- 3) **All dollar amounts are rounded to the nearest whole dollar. No line items are omitted or left blank.** If no funds are budgeted for any line item, a zero (0) is entered.
- 4) The amounts and totals in the Five Line-Item Budgets and the BJNs are consistent, accurate and complete.
- 5) Column 2 of the Total Funding for Client Services form agrees with the amount listed for direct care services in the “Other Costs” section of the BJNs.
- 6) The budget package includes all required supporting documentation for each exemption request, if applicable.
- 7) Key Case Management staff meet all education, experience and licensure requirements delineated in the Joint AIDS Case Management Protocols (JACMP), unless an exemption has been approved in writing by OA.
- 8) Staff-to-client ratios are at the staffing standards, unless an exemption has been approved in writing by OA.

* Located in the Blank Forms section of these instructions

** Located in the Resource Documents at the end of these instructions

SECTION 3
Five Line Item Budget
See samples in Appendix 4, pages 26 and 27 of these instructions

- ◆ Submit three budgets, each on a separate sheet of paper: one for FY 2007-2008, FY 2008-2009 and FY 2009-2010. Use the same total allocation for each budget.
- ◆ See sample budgets for Counties and Community Based Organizations in Appendix 4 of these instructions.
- ◆ Do not change the format of the budget, including the name or order of line items.
- ◆ The contractor name on the budget must be the same as the legal name that is used in your contract.
- ◆ Do not include costs for Medi-Cal Waiver clients in your CMP budget.

SECTION 4
Budget Justification Narrative (BJN)
See sample BJNs in Appendix 5, page 28 of these instructions

The Budget Justification Narrative (BJN) includes information that supports the anticipated expenditures identified in your five line-item budget. In this section, you should briefly explain and justify each budget line item as indicated below. For further information, refer to the “Definition of Terms” in Section 1 and the BJN Format and Sample Formulas in Appendix 5 of these instructions.

Submit three BJNs: one to support the FY 2007-2008 five line item budget, one to support the FY 2008-2009 five line item budget, and one to support the FY 2009-2010 five line item budget.

NOTE: Your project name and page numbering must be clearly marked in a footer that appears on all pages of the BJN.

LINE ITEM # 1 – PERSONNEL COSTS

Staff

List all CMP staff employed by your agency. **NOTE:** If any of your CMP staff are funded, in total or in part, from another source, you must include that information (FTE and source) in the BJN. This is crucial to allow us to determine if your project meets staffing standards.

Note: If a NCM or SWCM is not directly employed by your agency or department, but is instead subcontracted, do not list those program expenses under “Personnel Costs,” but rather under “Other Costs.”

For **each** staff member listed, provide the following information. (See numbers on the example on next page. Please follow this format exactly.)

- (1) Employee job title (Project Director, Nurse Case Manager, etc.)
- (2) Employee’s last name (*If position is vacant, indicate so*).
- (3) Employee’s monthly or annual salary (total for the fiscal year).
- (4) Rate of salary in #3 (monthly equals 12; semi-monthly equals 24; annually equals 1).
- (5) Total FTE spent working for CMP.
- (6) Total FTE for the position (total time spent working for the agency).

Example:

(3) → **Nurse Case Manager/GOLD** (4) (1) (2) (5) (9)

(\$2,899 x 12 @ .50 FTE for CMP) \$17,394

1.0 FTE position @: FTE Program # Clients

(6) (7) → .50 CMP 15-23

(8) → .50 MCWP 13-20

(10) 0% (11) \$0

(12) Provides case management services to 15-23 clients, coordinates services and care for the clients, maintains client contact, completes in-home assessments, and interfaces with other care providers.

- (7) Percentage of time the employee actually works for the CMP (same as #5)
- ◆ Percentages should be in decimal numbers, e.g., .50.
 - ◆ The percentage of FTE claimed for each staff must be:
 - (a) the actual time spent working on the CMP, and
 - (b) supported by time sheets or a reasonable cost allocation methodology.

Note: Range of clients to be served cannot be entered until total FTEs have been calculated. Please see Appendices 1, 2, and 3 for information on calculating your individualized range of clients.

- (8) Percentage of time the employee works for other programs
- ◆ Indicate the percentage of time (in decimal numbers) each CMP staff spends on other programs, if applicable.

Example:

1.0 FTE position @:	FTE	Program	# Clients
% of time employee spends on each program	.85	CMP	26-38
	.05	Ryan White	2
	.10	MCWP	3-4

- (9) Total CMP salary. (Multiply #3 times #4 times #5.)
- (10) Percentage of time allocated to CMP that is strictly administrative.
- (11) Amount of annual CMP salary that is strictly administrative. (Multiply #8 times #9.)
- (12) Brief description of major duties and responsibilities and the number of clients for which the employee is responsible (if applicable).

Fringe Benefits

Provide the aggregate amount of fringe benefits for all CMP positions. For community based organizations, total Fringe Benefits may not exceed 30% of the total personnel expenses without prior HPA approval. Remember that benefits vary because of part-time versus full-time status, and/or the differences in costs of benefits based on family size and other variables.

LINE ITEM #2 - OPERATING EXPENSES

- ◆ List specific operating expenses with a detailed explanation and justification for each item. Be specific in describing each item in terms of what it is, why it is necessary, and the total cost.
- ◆ Briefly summarize the rationale and assumptions used in estimating the cost for each item. Include formulas, if applicable.
- ◆ Prior to including the purchase of computer equipment (including laptops) in your budget, contact your HPA for authorization. Submit the specifications of the computer hardware and software that you intend to purchase. If you are unsure of the specifications needed to run the CMP application (ARIES) contact Elizabeth Brannon-Patel at the Office of AIDS at (916) 449-5846 for assistance. Please see Operating Expenses in Section 1 "Definition of Terms" of these instructions for allowable computer expenses.
- ◆ You **must** include travel and per diem for the PD to attend the spring and fall Project Directors' meetings and for **at least three staff** (i.e., PD, a NCM, and a SWCM) to attend the Statewide AIDS CMP/MCWP Conferences (in the fall of 2007, 2008, and 2009).
- ◆ Travel for other reasons must directly benefit the CMP. Travel done for other programs cannot be billed to CMP (i.e., a conference for EIP). Be specific about:
 - Who will travel
 - Destination of the trip
 - When the travel will occur
 - Why the travel is necessary
 - The mileage rate and projected number of miles.

Travel/per diem rates:

Lodging: Statewide: \$84.00 (plus tax), Counties of Los Angeles and San Diego \$110 (plus tax), and Counties of Alameda, San Francisco, San Mateo, and Santa Clara \$140 (plus tax)

Breakfast: \$6.00

Lunch: \$10.00

Dinner: \$18.00

Incidentals: \$6.00

Mileage costs may be budgeted at a maximum rate of 48.5¢ per mile (or the current Internal Revenue Service (IRS) published mileage reimbursement rates).

- ◆ List equipment and/or furniture that is being purchased for less than \$5000. Explain the following:
 - Who will use the equipment/furniture (percentage of CMP or other program use)
 - Why it is necessary to purchase it
 - Cost of equipment maintenance, if applicable
- ◆ Provide a general description of the types of items classified as supplies, including computer software.

LINE ITEM #3 - CAPITAL EXPENDITURES

- ◆ List and justify capital expenditures (items with a unit cost of \$5000 or more) as appropriate.
- ◆ If replacing existing equipment, you must identify current equipment, the year it was purchased and the reason(s) why it no longer adequately meets operational needs.
- ◆ When you invoice for capital expenditures, complete the “Contract Equipment Purchased with DHS Funds” form in your CMP contract (Exhibit H) and attach it, along with a copy of the purchase receipt, to the invoice. Instructions for completing the form are on the back of the form.
- ◆ If your project has equipment purchased with State funds, complete the “Inventory/Disposition of DHS Funded Equipment” form in your CMP contract (Exhibit I) and return it with the signed contract.

LINE ITEM #4 - OTHER COSTS

- ◆ Briefly summarize the rationale and assumptions used in estimating the cost for each item or service.
- ◆ If you subcontract for key case management staff or use a consultant/independent contractor, include an amount for benefits, based on the subcontracting individual or agency, and an amount for “Indirect Costs” you need to allocate to that position. You must also describe the position in the same way that you described positions in the “Personnel Costs” section of the BJN (see pages 16 and 17 of these instructions).

Subcontracted Nurse Case Manager/ALLEN

(\$44,702 x 1 @ 50% FTE for CMP) \$22,351

(Includes benefits of 18.5% and indirect costs of 10%)

1.0 FTE position @: FTE Program # Clients

.50 CMP 15-23

.50 MCWP 13-20

Provides case management services to 15-23 clients, coordinates services and care for the clients, maintains monthly contact, completes in-home assessments, and interfaces with other care providers.

LINE ITEM #5 - INDIRECT COSTS

Indirect costs cannot exceed 10% of the total salaries, wages, and fringe benefits identified in the “Personnel Costs” line item of the budget. List each category and the amount per category. See Section 1 “Definition of Terms” for examples of items considered indirect costs.

SECTION 5

Total Funding for Client Services

See sample on the next page

A form must be completed for each fiscal year

Forms are located in the Blank Forms section at the end of these instructions

The purpose of the “Total Funding for Client Services” form is to detail anticipated contributions from other resources (e.g., county, donations, and grants) that will directly support CMP clients.

- ◆ In column 2, list CMP funds only. Do not include AIDS Medi-Cal Waiver Program funds. Amounts for each service in this column must equal the amount listed for the same service in the BJN and the Five Line Item Budget.
- ◆ Verify that the total of column 2 equals the total amount listed for “Other Costs” in the BJN and the Five Line Item Budget.
- ◆ In column 3, list any other dollars from a State program other than CMP.
- ◆ In column 4, list any federal funds other than the AIDS MCWP. (Ryan White CARE Act (RWCA) funds from the Planning Council or Consortium are listed here.)
- ◆ In column 5, list donations, volunteers, or services supplemented by your agency.
- ◆ In column 6, list county (other than RWCA), city, or local funds, special grants, fund raising, etc.
- ◆ Indicate by footnote, or on a separate piece of paper, the type of support, funding source(s), etc. for Columns 3 through 6. For example: RWCA funds via the County Consortium or Planning Council fund the following: Line 2 “Attendant Care” (\$500), Line 4 “Housing Subsidies” (\$5,000), Line 5 “Food Subsidies” (\$1,500), and Line 7 “Homemaker Services” (\$11,884).
- ◆ Footnote the reason(s) why a service typically funded by CMP is being funded by another funding source. For example, if you indicate that Psychotherapy is funded by other state funds, specify the program. If funded by another agency or if volunteers are used, general information such as the number of volunteers is helpful in explaining why funding amounts for services and/or staff may be low compared to general usage.
- ◆ Total all rows and columns. Make sure the total of columns 2-6 equals the total of the rows in column 7.

Total Funding for Client Services

FY 20__ to 20__

Contractor Name:						
Direct Care Services	CMP Funds	Other State Funds	Other Federal Funds	Agency In- Kind Funds	All Other Funding	Total of Cols. 2 through 6
Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7
1. Skilled Nursing	\$1,500			\$4,472		\$5,972
2. Attendant Care	\$37,331		\$500 ⁽¹⁾			\$37,831
3. Psychotherapy	\$3,366				\$17,394 ⁽²⁾	\$20,760
4. Housing Subsidies/Assistance			\$5,000 ⁽¹⁾			\$5,000
5. Food Subsidies			\$1,500 ⁽¹⁾			\$1,500
6. Transportation Assistance						
7. Homemaker Services	\$33,293		\$11,884 ⁽¹⁾			\$45,177
8. Nutritional Counseling						
9. Nutritional Supplements						
10. Adult Day Care						
11. Medications		\$600				\$600
12.						
13.						
14.						
15.						
16. TOTALS	\$75,490	\$600	\$18,884	\$4,472	\$17,394	\$116,840

(1) Ryan White CARE Act Funds via County Consortium or Planning Council

(2) Psychotherapy paid by County Funds

Appendix 1 Range of Clients Examples

Example #1: Your award letter states you are contracted to serve somewhere between 33-75 clients, based on your total allocation.

<u>Personnel</u>		
Nurse Case Manager/WONDERFUL NURSE (\$N,NNN x NN @ .80 FTE for CMP)		
1.0 FTE position @:	FTE	Program
	.80	CMP
	.20	MCWP
		# clients
		24-36
		5-8

Nurse Case Manager/NURSE RATCHETT (\$N,NNN x NN @ .40 FTE for CMP)		
1.0 FTE position @:	FTE	Program
	.40	CMP
	.60	MCWP
		# clients
		12-18
		15-24

Total CMP clients to be served: 36-54

(REPEAT THE SAME AS ABOVE FOR SOCIAL WORK CASE MANAGERS)

The total number of CMP clients that can be served based on the identified time is a range of 36-54. Even though your award letter says you are contracted to serve 33-75, you are limited by your personnel time to serving 36-54. You cannot go down to 33 or above 54 clients because then your staff-to-client ratio would not meet program requirements. You would have to adjust your personnel time to serve fewer or more clients.

Allocated Range	33			
Staff-Time Range		36	54	75

Example #2 Your award letter states you are contracted to serve somewhere between 13-30 clients based on your total allocation.

<u>Personnel</u>		
Social Work Case Manager/THERAPEUTIC BOUNDARIES MSW (\$N,NNN x NN @ .40 FTE for CMP)		
.40 FTE position @:	FTE	Program
	.40	CMP
		# clients
		13-18

Total CMP clients to be served: 13-18

(REPEAT THE SAME AS ABOVE FOR NURSE CASE MANAGER)

The total number of CMP clients that can be served based on the identified time is a range of 13-18. Even though your award letter says you are contracted to serve 13-30, you are limited by your personnel time to serving 13-18. A .40 time case manager would usually be able to serve as few as 12 clients, but the allocation range lowest limit is 13. Therefore, 13 is the minimum that could be served. You could not serve more than 18 clients because then your staff-to-client ratio would not meet program requirements. You would have to adjust your personnel time to serve up to the 30 clients stated in your award letter.

Allocated Range		13		
Staff-Time Range	12		18	30

Appendix 2 Staffing Standards Table

CMP Only

30-45 clients for 1 FTE

Low end of range = 30 X FTE

High end of range = 45 X FTE

FTE	# of Clients	FTE	# of Clients	FTE	# of Clients	FTE	# of Clients
.05	2 - 3	1.05	32 - 47	2.05	62 - 92	3.05	92 - 137
.10	3 - 5	1.10	33 - 50	2.10	63 - 95	3.10	93 - 140
.15	5 - 7	1.15	35 - 52	2.15	65 - 97	3.15	95 - 142
.20	6 - 9	1.20	36 - 54	2.20	66 - 99	3.20	96 - 144
.25	8 - 11	1.25	38 - 56	2.25	68 - 101	3.25	98 - 146
.30	9 - 14	1.30	39 - 59	2.30	69 - 104	3.30	99 - 149
.35	11 - 16	1.35	41 - 61	2.35	71 - 106	3.35	101 - 151
.40	12 - 18	1.40	42 - 63	2.40	72 - 108	3.40	102 - 153
.45	14 - 20	1.45	44 - 65	2.45	74 - 110	3.45	104 - 155
.50	15 - 23	1.50	45 - 68	2.50	75 - 113	3.50	105 - 158
.55	17 - 25	1.55	47 - 70	2.55	77 - 115	3.55	107 - 135
.60	18 - 27	1.60	48 - 72	2.60	78 - 117	3.60	108 - 162
.65	20 - 29	1.65	50 - 74	2.65	80 - 119	3.65	110 - 164
.70	21 - 32	1.70	51 - 77	2.70	81 - 122	3.70	111 - 167
.75	23 - 34	1.75	53 - 79	2.75	83 - 124	3.75	113 - 169
.80	24 - 36	1.80	54 - 81	2.80	84 - 126	3.80	114 - 171
.85	26 - 38	1.85	56 - 83	2.85	86 - 128	3.85	116 - 173
.90	27 - 41	1.90	57 - 86	2.90	87 - 131	3.90	117 - 176
.95	29 - 43	1.95	59 - 88	2.95	89 - 133	3.95	119 - 178
1.0	30 - 45	2.0	60 - 90	3.0	90 - 135	4.0	120 - 180

MCWP Only

25-40 clients for 1 FTE

Low end of range = 25 X FTE

High end of range = 40 X FTE

FTE	# of Clients	FTE	# of Clients	FTE	# of Clients	FTE	# of Clients
.05	1 - 2	1.05	26 - 42	2.05	51 - 82	3.05	76 - 122
.10	3 - 4	1.10	28 - 44	2.10	53 - 84	3.10	78 - 124
.15	4 - 6	1.15	29 - 46	2.15	54 - 86	3.15	79 - 126
.20	5 - 8	1.20	30 - 48	2.20	55 - 88	3.20	80 - 128
.25	6 - 10	1.25	31 - 50	2.25	56 - 90	3.25	81 - 130
.30	8 - 12	1.30	33 - 52	2.30	58 - 92	3.30	83 - 132
.35	9 - 14	1.35	34 - 54	2.35	59 - 94	3.35	84 - 134
.40	10 - 16	1.40	35 - 56	2.40	60 - 96	3.40	85 - 136
.45	11 - 18	1.45	36 - 58	2.45	61 - 98	3.45	86 - 138
.50	13 - 20	1.50	38 - 60	2.50	63 - 100	3.50	88 - 140
.55	14 - 22	1.55	39 - 62	2.55	64 - 102	3.55	89 - 142
.60	15 - 24	1.60	40 - 64	2.60	65 - 104	3.60	90 - 144
.65	16 - 26	1.65	41 - 66	2.65	66 - 106	3.65	91 - 146
.70	18 - 28	1.70	43 - 68	2.70	68 - 108	3.70	93 - 148
.75	19 - 30	1.75	44 - 70	2.75	69 - 110	3.75	94 - 150
.80	20 - 32	1.80	45 - 72	2.80	70 - 112	3.80	95 - 152
.85	21 - 34	1.85	46 - 74	2.85	71 - 114	3.85	96 - 154
.90	23 - 36	1.90	48 - 76	2.90	73 - 116	3.90	98 - 156
.95	24 - 38	1.95	49 - 78	2.95	74 - 118	3.95	99 - 158
1.0	25 - 40	2.0	50 - 80	3.0	75 - 120	4.0	100 - 160

Appendix 3 Range of Clients Worksheet

1. Enter Nurse Case Manager (NCM) Last Names:	Enter Percent FTE for each NCM:	
	CMP	MCWP
2. Enter Total NCM FTE:	2a. _____	2b. _____

3. Enter Social Work Case Manager (SWCM) Last Names:	Enter Percent FTE for each SWCM:	
	CMP	MCWP
4. Enter Total SWCM FTE:	4a. _____	4b. _____

CMP Range of Clients	
5. Enter NCM range of clients to be served based on total FTE in #2a (see Staffing Standards Table):	_____ to _____
6. Enter SWCM range of clients to be served based on total FTE in #4a (see Staffing Standards Table):	_____ to _____
7. Enter range of clients allocated to serve (see CMP award letter):	_____ to _____
8. CMP NCM Range: Enter range of clients that fall into BOTH #5 and #7:	_____ to _____
9. CMP SWCM Range: Enter range of clients that fall into BOTH #6 and #7:	_____ to _____
10. CMP Approved Range: Enter the range of clients that fall into BOTH #8 and #9.	_____ to _____

MCWP Range of Clients	
11. MCWP NCM Range: Enter NCM range of clients to be served based on total FTE in #4b (see Staffing Standards Table):	_____ to _____
12. MCWP SWCM Range: Enter NCM range of clients to be served based on total FTE in #4b (see Staffing Standards Table):	_____ to _____
13. MCWP Approved Range: Enter the range of clients that fall into BOTH #11 and #12.	_____ to _____

Appendix 4

Five Line Item Budget Format and Sample Budgets

A. COUNTIES

Using three (3) separate sheets of paper, 8 ½" x 11" in dimension, follow the format provided inside the boxes below to develop a five line item budget for each fiscal year. The Contractor Name on the budget must be the same as the legal name listed in your Master Agreement/Memorandum of Understanding. If you have not been notified of your new contract number, leave this space empty at this time. Dollar amounts listed below are for the purpose of example only.

Round all dollar amounts to the nearest whole dollar.

FY 2007-2008

MA No.: 07-xxxxx MOU No.: CMP 07-xx Contractor: Best County Public Health Services	
Exhibit B Attachment 1 BUDGET Term: July 1, 2007 to June 30, 2008	
1. Personnel Costs	\$ 114,946
2. Operating Expenses	5,315
3. Capital Expenditures	0
4. Other Costs	75,490
5. Indirect Costs	1,679
Total Budget	\$197,430

FY 2008-2009

MA No.: 07-xxxxx MOU No.: CMP 07-xx Contractor: Best County Public Health Services	
Exhibit B Attachment 2 BUDGET Term: July 1, 2008 to June 30, 2009	
1. Personnel Costs	\$ 114,946
2. Operating Expenses	5,315
3. Capital Expenditures	0
4. Other Costs	75,490
5. Indirect Costs	1,679
Total Budget	\$197,430

FY 2009-2010

MA No.: 07-xxxxx MOU No.: CMP 07-xx Contractor: Best County Public Health Services	
Exhibit B Attachment 3 BUDGET Term: July 1, 2009 to June 30, 2010	
1. Personnel Costs	\$ 114,946
2. Operating Expenses	5,315
3. Capital Expenditures	0
4. Other Costs	75,490
5. Indirect Costs	1,679
Total Budget	\$197,430

B. COMMUNITY BASED ORGANIZATIONS

Using three (3) separate sheets of paper, 8 ½" x 11" in dimension, follow the format provided inside the boxes below to develop a five line item budget for each fiscal year. The Contractor Name on the budget must be the same as the legal name listed in your contract. If you have not been notified of your new contract number, leave this space empty at this time. Dollar amounts listed below are for the purpose of example only.

Round all dollar amounts to the nearest whole dollar.

FY 2007-2008

Contract No.: 07-xxxxx	
Contractor: California Home Health, Inc.	
Exhibit B	
Attachment 1	
Budget	
Term: July 1, 2007 to June 30, 2008	
1. Personnel Costs	\$ 114,946
2. Operating Expenses	5,315
3. Capital Expenditures	0
4. Other Costs	75,490
5. Indirect Costs	1,679
Total Budget	\$197,430

FY 2008-2009

Contract No.: 07-xxxxx	
Contractor: California Home Health, Inc.	
Exhibit B	
Attachment 2	
Budget	
Term: July 1, 2008 to June 30, 2009	
1. Personnel Costs	\$ 114,946
2. Operating Expenses	5,315
3. Capital Expenditures	0
4. Other Costs	75,490
5. Indirect Costs	1,679
Total Budget	\$197,430

FY 2009-2010

Contract No.: 07-xxxxx	
Contractor: California Home Health, Inc.	
Exhibit B	
Attachment 3	
Budget	
Term: July 1, 2009 to June 30, 2010	
1. Personnel Costs	\$ 114,946
2. Operating Expenses	5,315
3. Capital Expenditures	0
4. Other Costs	75,490
5. Indirect Costs	1,679
Total Budget	\$197,430

Appendix 5

Budget Justification Narrative (BJN) Format and Sample Formulas

This sample BJN is based on a formula of 30 clients at \$6,581 per client. The allocated range is 20-45.

NOTE: The following format **MUST** be used when preparing the BJN. The project name and page numbering **MUST** be clearly marked on all pages of the BJN. The formulas used in this sample BJN are simply examples. When preparing your own BJN, use formulas that reflect the way your agency actually pays salaries and allocates costs.

July 1, 2007 to June 30, 2008

1. PERSONNEL COSTS	<u>CMP</u>	<u>Admin %</u>	<u>Admin \$</u>
a) Project Director/JOHNSON (\$5,400 x 12 months @ .05 FTE for CMP)	\$3,240	100%	\$3,240
1.0 FTE position @ FTE Program # Clients .05 CMP 0 .10 MCWP 0 .85 Ryan White 0			
General administration of AIDS CMP, including fiscal management, budget development, supervision and consultation with NCM and SWCM. Provides oversight of: report preparation, case conferences, performance evaluations, QI/QM, etc.			
b) Nurse Case Manager/PETERSON (\$4,814 x 12 months @ .85 FTE for CMP)	\$49,103	0%	\$0
1.0 FTE position @ FTE Program # Clients .85 CMP 26-38 .15 MCWP 4-6			
Provides nurse case management services to 26-38 clients, coordinates services and care for the clients, maintains client contact, performs assessments, creates service plans, and interfaces with other care providers.			
c) Social Work Case Manager/GOLD (\$3,995 x 12 months @ .85 FTE for CMP)	\$40,749	0%	\$0
1.0 FTE position @ FTE Program # Clients .85 CMP 26-38 .15 MCWP 4-6			
Provides social work case management services to 26-38 clients, coordinates services and care for the clients, maintains client contact, performs assessments, creates service plans, and interfaces with other care providers.			

	<u>CMP</u>	<u>Admin %</u>	<u>Admin \$</u>
d) Program Services Assistant/SMITH (\$2,400 x 12 months @ .15 FTE for CMP)	\$4,320	100%	\$4,320
1.0 FTE position @			
FTE			
Program			
# Clients			
.15	CMP		0
.25	MCWP		0
.60	Ryan White		0

Coordinates quality assurance standards, monitors programs, maintains QI/QM reports, provides objectives, assessments, and evaluation. Serves as regular back-up to NCM.

SUBTOTAL PERSONNEL COSTS

\$97,412

TOTAL BENEFITS @ approximately 18% of personnel

\$17,534

TOTAL PERSONNEL COSTS (Salaries and Benefits)

\$114,946

2. OPERATING EXPENSES

a) **Office Supplies** (\$10 x 4 x 12 mos. ÷ 2) \$240
General office supplies and consumables used for normal day-to-day activities related to CMP. Half of this annual cost is picked up by agency general funds.

b) **Travel (Required for CMP)** \$1,890
Cost of Project Director to attend the PD meeting in spring is \$350. This includes air fare, lodging for one night and per diem for 2 days, mileage, parking fees, and airport shuttle. Cost of the PD, 1 NCM, the SWCM, and the QI/QM Coordinator to attend the 3-day/2-night statewide CMP/MCWP Conference in the fall of 2007 is \$1,540 (some expenses will be shared/combined). Both the PD Meeting/Annual Conference provide a forum for sharing/learning more about the program and networking with other CMP contractors.

Average Costs Per Staff:

Lodging/staff	\$90/night (includes tax)
Per Diem	\$40/day
Air Fare	\$150 round trip
Mileage	\$20 roundtrip/airport
Airport Parking	\$10/day
Airport Shuttle	\$20

c) **Local Travel** \$490
The NCM and SWCM are required to make home visits as needed. Based on historical data, estimated total miles for FY 2007-2008 will be 1,010 miles @ 48.5 cents per mile.

d) **Communications** (approx. \$187 per month x 12 months) \$2,239
Phone, voice mail, and fax expense to contact CMP clients, physicians, subcontractors, etc.

e) Postage (approx. \$18/month x 12 months) Cost of mailing CMP related forms/information to clients, physicians, subcontractors, community resources, etc.	\$216	
f) Printing (approx. \$20/month x 12 months)	\$240	
SUBTOTAL OPERATING EXPENSES		\$5,315
3. CAPITAL EXPENDITURES		\$0
4. OTHER COSTS		
a) Attendant Care @ \$18.90/hour X 1,975 hours Personal care services for clients (approx. 11 clients x 15 hours month/year)	\$37,331	
b) Homemaker Services @ \$11.56/hour x 2,880 hours Homemaker services for clients (approx. 15 clients x 16 hours month/year)	\$33,293	
c) Skilled Care RN/LVN (RN@ \$32/hr and LVN @ \$25/hour) Skilled nursing services for clients (approx. 2-3 clients x 20 hours)	\$1,500	
d) Psychotherapy @ \$51.00/hour X 66 hours. To assist clients with demonstrated need in coping with both disease progression and other mental health issues. (Approx. 11 clients @ 6 hours each year)	\$3,366	
SUBTOTAL OTHER COSTS		\$75,490
5. INDIRECT COSTS @ 1.46% of Total Personnel Costs* *These are estimated expenses that benefit more than the CMP, but cannot be assigned to any one program		
a) Other Administrative Staff (Salaries & Fringe Benefits)	\$1,379	
b) Tax Preparation	\$100	
c) Licensing Fees	\$80	
d) Custodial Maintenance	\$120	
SUBTOTAL INDIRECT COSTS		\$1,679
TOTAL BUDGET		\$197,430

Blank Forms

- Budget Transmittal Form and Checklist
- Notification of Type of Audit
- Total Funding for Client Services FY 2007-2008
- Total Funding for Client Services FY 2008-2009
- Total Funding for Client Services FY 2009-2010
- Agency Information Sheet
- Payee Data Record (Std. 204)

Resource Documents

All of the attached resource documents are excerpts from the Program Operations Manual (POM). These chapters are updated periodically in the POM, but will not be kept up-to-date as part of these instructions. A current version of the POM is always available on the OA Website at: <http://www.dhs.ca.gov/AIDS>. Click on the “For Providers and Contractors” link.

The following POM Chapters are included here for your reference when preparing the budgets:

- Chapter 3, Section C: Exemptions to Program Requirements
- Chapter 3, Section D: Allowable/Unallowable Services and Other Expenses
- Chapter 3, Section H: Direct Care Service Rates

AIDS Case Management Program (CMP)

CMP FY 2007-2008, 2008-2009 & 2009-2010

Budget Transmittal Form and Checklist

Due by: March 23, 2007

To: California Department of Health Services
Office of AIDS
Community Based Care Section
MS 7700
PO Box 997426
Sacramento, CA 95899-7426
Attention: Julie Brozek

From: Name of Agency: _____
Project Director's Name/Title: _____
Telephone: (_____) _____
E-Mail Address _____

A. **One set** of the following documents are enclosed:

- ☐ Budget Transmittal Form and Checklist
- ☐ Five Line-Item Budget for FY 2007-2008
- ☐ Budget Justification Narrative for FY 2007-2008
- ☐ Total Funding for Client Services for FY 2007-2008
- ☐ Five Line-Item Budget for FY 2008-2009
- ☐ Budget Justification Narrative for FY 2008-2009
- ☐ Total Funding for Client Services for FY 2008-2009
- ☐ Five Line-Item Budget for FY 2009-2010
- ☐ Budget Justification Narrative for FY 2009-2010
- ☐ Total Funding for Client Services for FY 2009-2010
- ☐ Notification of Type of Audit (**please sign with any ink color other than black**)
- ☐ Payee Data Record (Std. 204)
- ☐ Agency Information Sheet
- ☐ Proof of Insurance:
 - Community Based Organizations: Current *Certificate of Insurance*
 - Counties: *Letter of Self Insurance*

B. **Exemptions:** (Please refer to Chapter 3.C of the *Program Operations Manual (POM)* for information on requesting or renewing an exemption.)

- ☐ None – no exemptions requested or renewed at this time.
- ☐ Staff Qualifications (to be requested before hire): ☐ NCM ☐ SWCM
- ☐ Staff-to-Client Ratio: ☐ NCM ☐ SWCM
- ☐ Direct Care Services:
 - ☐ In-Home Skilled Nursing
 - ☐ In-Home Attendant Care
 - ☐ Homemaker Services
 - ☐ Nutritional Counseling/Home-Delivered Meals
 - ☐ Psychotherapy
 - ☐ Non-Emergency Medical Transportation
 - ☐ Hospice (CMP only)
 - ☐ Other, specify: _____

AIDS Case Management Program (CMP)

C. Project Director's Approval:

I have reviewed the enclosed documents and affirm that:

- ☐ They are complete and accurate.
- ☐ If each fiscal year five-line item budget and BJN are identical, the total dollar amounts for CMP are for the 2007-2008 fiscal year and may be subject to change in future fiscal years.
- ☐ All dollar amounts have been rounded to the nearest whole dollar and percentage figures to the nearest whole number.
- ☐ Subtotals for both the five line-item budget and BJN agree. Grand totals in all documents agree, including the total of CMP funds in the "Total Funding for Client Services" table.
- ☐ Staff meets licensing, education and experience requirements specified in the Joint AIDS Case Management Protocols (JACMP) or we have submitted an exemption request or renewal.
- ☐ Staff-to-client ratios comply with the staffing standards or we have submitted an initial or renewal exemption request.
- ☐ All client services are provided by non-agency staff or we have submitted an initial or renewal exemption request.

Project Director (print name)

Signature

Date

Notification of Type of Audit

Contractor Name:

Contract Number:

The Contractor, as indicated below, agrees to obtain one of the following audits. Please check the box that applies, enter fiscal year end date, and sign this document. This notification applies to all three years of this contract cycle: FY 2007-2008, FY 2008-2009, and FY 2009-2010.

- ☐ If the Contractor is a Nonprofit Organization (as defined in Health & Safety Code section 38040) and receives \$25,000 or more per year from any State agency under a direct service contract; the Contractor agrees to obtain an annual single, organization wide, financial and compliance audit. Said audit shall be conducted according to Generally Accepted Auditing Standards. This audit does not fulfill the audit requirements of Paragraph (3) below. The audit shall be completed by the 15th day of the fifth month following the end of the Contractor's fiscal year, **and/or**
- ☐ If the Contractor is a Nonprofit Organization (as defined in Health & Safety Code section 38040) and receives less than \$25,000 per year from any State agency under a direct service contract; the Contractor agrees to obtain a biennial single, organization wide, financial and compliance audit. Said audit shall be conducted according to Generally Accepted Auditing Standards. This audit does not fulfill the audit requirements of Paragraph (3) below. The audit shall be completed by the 15th day of the fifth month following the end of the Contractor's fiscal year, **and/or**
- ☐ If the Contractor is a State or Local Government entity or Nonprofit Organization (as defined by the Federal Office of Management and Budget [OMB] Circular A-133) and expends \$500,000 or more in Federal awards, the Contractor agrees to obtain an annual, single, organization wide, financial and compliance audit according to the requirements specified in OMB Circular A-133 entitled "Audits of States, Local Governments, and Non-Profit Organizations." An audit conducted pursuant to this provision will fulfill the audit requirements outlined in the first two paragraphs above. The audit shall be completed by the end of the ninth month following the end of the audit period. The requirements of this provision apply if:
- a) The Contractor is a recipient expending Federal awards received directly from Federal awarding agencies, or
 - b) The Contractor is a subrecipient expending Federal awards received from a pass-through entity such as the State, County or community based organization.
- ☐ If the Contractor is a State or Local Government entity or Nonprofit Organization (as defined by the Federal OMB Circular A-133) and expends less than \$500,000 in Federal awards, the Contractor is exempt from Federal audit requirements for that fiscal year, but records must be available for review or audit by appropriate officials of the Federal agency, the State, and General Accounting Office (GAO).
- ☐ If the Contractor is a For-Profit entity, Federal audit requirements do not apply. The Contractor agrees to comply with all applicable program requirements. Methods to ensure compliance include monitoring during the contract term and may include post-award audits. Records must be available for review or audit by appropriate officials of the Federal agency or State agency.

Fiscal Year End Date:

2007-2008

2008-2009

2009-2010

Authorized Signature

Date

Title

Return this original signed document to:

Ivo Klemes

Fiscal Analyst

Community Based Care Section

Office of AIDS

California Department of Health Services

MS 7700

P.O. Box 997426

Sacramento, CA 95899-7426

AIDS Case Management Program

Total Funding for Client Services

July 1, 2007 – June 30, 2008

Contractor Name:						
Direct Care Services	CMP Funds	Other State Funds	Other Federal Funds	Agency In-Kind Funds	All Other Funding	Total of Columns 2 - 6
Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7
1. Skilled Nursing						
2. Attendant Care						
3. Psychotherapy						
4. Housing Subsidies/Assistance						
5. Food Subsidies						
6. Transportation Assistance						
7. Homemaker Services						
8. Nutritional Counseling						
9. Nutritional Supplements						
10. Adult Day Care						
11. Medications						
12.						
13.						
14.						
15.						
TOTALS						

AIDS Case Management Program

Total Funding for Client Services

July 1, 2008 – June 30, 2009

Contractor Name:						
Direct Care Services	CMP Funds	Other State Funds	Other Federal Funds	Agency In-Kind Funds	All Other Funding	Total of Columns 2 - 6
Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7
1. Skilled Nursing						
2. Attendant Care						
3. Psychotherapy						
4. Housing Subsidies/Assistance						
5. Food Subsidies						
6. Transportation Assistance						
7. Homemaker Services						
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AIDS Case Management Program

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AGENCY INFORMATION SHEET

Agency Name						
Name: _____						
Agency Contact Information						
	1	2	3	4	5	6
	Director:	Fiscal Officer:	Official with Board Authority to Commit Agency to an Agreement and Sign Contract:	Project Director:	Contract Packages are to be mailed to (this person will facilitate obtaining the signature of the individual identified in column 3):	Warrants or Returned Invoices are to be Sent to:
Name:						
Title:						
Street Address:						
City						
Zip						
Telephone:						
E-mail Address:						
Agency Tax Status						
<input type="checkbox"/> Public (Government/University) <input type="checkbox"/> Private, Non-profit <input type="checkbox"/> Other, Specify _____			Tax ID Number _____			
Agency Licensure Status						
Are you a licensed home health agency? <input type="checkbox"/> Yes <input type="checkbox"/> No						

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 5/06)

1	INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. NOTE: Governmental entities, federal, state, and local (including school districts), are not required to submit this form.								
2	PAYEE'S LEGAL BUSINESS NAME (Type or Print) <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</td> <td style="width: 50%; border: none;">E-MAIL ADDRESS</td> </tr> <tr> <td style="border: none;">MAILING ADDRESS</td> <td style="border: none;">BUSINESS ADDRESS</td> </tr> <tr> <td style="border: none;">CITY, STATE, ZIP CODE</td> <td style="border: none;">CITY, STATE, ZIP CODE</td> </tr> </table>			SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS	MAILING ADDRESS	BUSINESS ADDRESS	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
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MAILING ADDRESS	BUSINESS ADDRESS								
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE								
3 PAYEE ENTITY TYPE CHECK ONE BOX ONLY	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): - 		NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; vertical-align: top;"> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST </td> <td style="width: 70%; vertical-align: top;"> CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS </td> </tr> </table>		<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST	CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS					
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST	CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS								
	<input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: - - 								
	(SSN required by authority of California Revenue and Tax Code Section 18646)								
4 PAYEE RESIDENCY TYPE	<input type="checkbox"/> California resident—qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side)—Payments to nonresidents for services may be subject to State income tax withholding. <div style="margin-left: 40px;"> <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached. </div>								
5	I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.								
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)		TITLE						
	SIGNATURE	DATE	TELEPHONE ()						
6	Please return completed form to: Department/Office: <u>California Department of Health Services</u> Unit/Section: <u>Office of AIDS/Community Based Care Section</u> Mailing Address: <u>MS 7700, P.O. Box 997426</u> City/State/ZIP: <u>Sacramento, CA 95899-7426</u> Telephone: <u>(916) 449-5975</u> FAX: <u>(916) 449-5959</u> E-Mail Address: <u>jbrozek@dhs.ca.gov</u>								

PAYEE DATA RECORD

STD. 204 (Rev. 5/06) (Page 2)

1	<p>Requirement to Complete Payee Data Record, STD. 204</p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>						
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>						
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>						
4	<p><u>Are you a California resident or nonresident?</u></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <table border="0"> <tr> <td>Withholding Services and Compliance Section:</td> <td>1-888-792-4900</td> <td>E-mail address: wscs.gen@ftb.ca.gov</td> </tr> <tr> <td>For hearing impaired with TDD, call:</td> <td>1-800-822-6268</td> <td>Website: www.ftb.ca.gov</td> </tr> </table>	Withholding Services and Compliance Section:	1-888-792-4900	E-mail address: wscs.gen@ftb.ca.gov	For hearing impaired with TDD, call:	1-800-822-6268	Website: www.ftb.ca.gov
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For hearing impaired with TDD, call:	1-800-822-6268	Website: www.ftb.ca.gov					
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>						
6	<p>This section must be completed by the State agency requesting the STD. 204.</p>						
<p>Privacy Statement</p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>							